

School Emergency Drills Documentation Form

Type of Drill:

Time of Drill:

_____ Fire Drill (5 required)(3 by 12/1)

X

Standard

_____ Tornado Drill (2 required)(1 in March)

Class Change

_____ Shelter in Place (1 required)

Recess

X Lock Down (2 required)(1 prior to Dec 1 & 1 after Jan 1)

Lunch

_____ Cardiac Drill (1 required)

Name of Reporting School:

Rockford High School

Date of Drill:

11-7-19

Time Drill was held:

8:38

(a.m./p.m.) P

Exact time required to evacuate/shelter/secure:

7 minutes

Total Participants:

2,000

Remarks:

This report is for Emergency Drill

Fire# _____

out of 5 for school year 20__/20__

Tornado# _____

out of 2 for school year 20__/20__

Shelter IP# _____

out of 1 for school year 20__/20__

Lockdown# 1

out of 2 for school year 2018/2019

Cardiac# _____

out of 1 for school year 20__/20__

Name of person conducting drill:

Scott Beckman

Title of person conducting drill:

Director of Security

Signature of person conducting drill:

Fire (fire chief or designee) present

Name and Title:

MUST RETURN TO SECURITY OFFICE WITHIN 24 HOURS OF DRILL

FAX NUMBER 866-7112